

APPLICATION FOR EMPLOYMENT

Maury County Government is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability of veteran status in employment opportunities and benefits. Maury County adheres to Title VII. Maury County Government promotes a drug and alcohol free workplace. Smoking is prohibited in all county facilities and the County is a smoke-free workplace.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete this application and/or any part of the hiring and employment process, please call the Human Resource Department at 931-375-2401.

Prior to completing this application be sure to read the <u>job description</u> of the position for which you are applying. As you complete this application, please bear in mind the following:

- We reserve the right to check all information for accuracy and completeness
- All applications for employment are a matter of public record pursuant to TCA 10-7-503

**PLEASE PRINT NEATLY IN INK OR TYPE. ANSWER ALL QUESTIONS COMPLETELY. READ ALL INFORMATION ON THIS APPLICATION AND SIGN APPLICATION.

GENERAL INFORMATION

| Date: | | Position de | sired: | | | | _ |
|----------------------------------|-----------------------|----------------|--------------|-----------|----------|-------|------|
| Are you applying for: | Full-time | _ Part-time | | Seasonal | | Volun | teer |
| Have you been employed by | Maury County before | ?(circle) | yes | no | | | |
| Are you a resident of Maury | County, Tennessee? | (circle) | yo | es no | | | |
| If no, are you willing to reloca | ate to Maury County w | vithin six mor | nths of em | ployment? | (circle) | yes | no |
| Name: | PERSONAL | INFORM | <u>ATION</u> | | | | |
| (Last) | | (First) | | (Middle) | | | |
| Phone # Home () | | Work | κ ()_ | | | | |
| Address: | | | | | | | |
| | (Number) | (Stre | et) | | | | Line |
| | (City) | | (State) | | | Zip | |
| | | | | | | | |

(circle)

ves

no

Do you have a legal right to work in the U.S.?

| Are you over the age of 18? (cir | cle) yes | no | | |
|---|---------------------------------------|------------|-----------------------------------|------------------------|
| Have you ever been convicted of a fout does not bar you from employme | | | rs? (Note: this may be rele no | evant if job-related, |
| f yes, please explain: | · | | | |
| | | | | |
| Driver's License number (if required | by job): | | (State) | (Class) |
| | NICATION | AND | ED A INUNC | |
| <u>E</u> L | DUCATION | AND | IRAINING | |
| High School Attended: | | | | |
| City | | State | Zip | |
| Do you have high school diploma: | (circle) | yes | no | |
| Please list other education you have | received: | | | |
| College/University/Trade Or Business Schools Attended | City/St | ate | Degree Earned? Type of Degree | Major Area Of Study |
| | | | | |
| | , | , | | |
| | | | | |
| • | | | | |
| List other training received (special | courses, work | training p | programs, Armed Forces | training, etc.) |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| | | | | |
| | | | | |
| List special qualifications and skills (I | icenses, skills | with mac | hines, patents or inventior | ns, publications, etc) |
| | , | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |

| | Voluntary App | licant Profile Survey | | | |
|--------------------------|--|------------------------------------|-----------------------------|--|--|
| Today's Date: | | | | | |
| Position Applied For: | | | | | |
| | (Please list title as it is ad | vertised/posted) | | | |
| How did you learn of | this employment oppor | tunity? | | | |
| □ Job Fair | □ Walk-In | □ Maury Co. Website | □ Newspaper Ad | | |
| □ Employee Referral | Employee Referral 🗆 TN Career Center 🗆 Department of Labor 🗀 Word of Mou | | | | |
| | | | | | |
| | | | | | |
| Race: | | Sex: | | | |
| 2 | | | | | |
| □ White (not of Hispar | nic origin) | □ Male | | | |
| □ Black or African Ame | erican | □ Female | | | |
| ☐ Hispanic | | | | | |
| □ Asian or Pacific Islan | nder | | | | |
| □ Native American Inc | lian/Alaskan Native | | | | |
| □ Other: | | | | | |
| | | | | | |
| | | | | | |
| The personal identific | cation information requested | d in the Voluntary Applicant Profi | le Survey is voluntary. | | |
| This document will be re | emoved and will not accomp | any your application when it is re | viewed for job eligibility. | | |

The Voluntary Applicant Profile Survey will be handled separately from other employment related information.

PRIOR EMPLOYMENT RECORD

Begin with most recent employer

| From | To Mo/Yr | Employer | | Phone # |
|--|-----------------------|--|------------------|------------|
| Mo/Yr | | | a 2 | |
| Job Title: | | Address: | City | : |
| | | State: Zip: | | |
| | | | | |
| Immediate Si | ipervisor: | Summarize work performed and job responsibilities: | | |
| | | | | |
| | E E | Starting salary: \$ | Ending Salary:\$ | |
| May we conta employer? Y | act this es □ No □ | Decree for leaving | | |
| cilipioyer: 1 | CS L 140 L | Reason for leaving: | | |
| | | | | |
| From | To Mo/Yr | Employer | | Phone # |
| Mo/Yr | | | | |
| Job Title: | | Address: | City | : |
| | | State: Zip: | | |
| | | | | |
| Immediate S | upervisor: | Summarize work performed and job responsibilities: | | |
| | | | | |
| | | Starting salary: \$ | Ending Salary:\$ | |
| May we contact this employer? Yes □ No □ | | December lessings | | |
| Chiployer. | | Reason for leaving: | | |
| | | | | |
| From | To Mo/Yr | Employer | ==== | Phone # |
| Mo/Yr | | | | |
| Job Title: | | Address: | City | : |
| | | State: Zip: | | |
| | | , | | |
| Immediate S | upervisor: | Summarize work performed and job responsibilities: | | |
| | | | | |
| | | Starting salary: \$ | Ending Salary:\$ | |
| May we cont employer? | | Bassan for leaving | | |
| omployor. | | Reason for leaving: | | |
| | | | | |
| From | To Mo/Yr | Employer | | Phone # |
| Mo/Yr | | | | |
| Job Title: | 1 | Address: | City | <i>/</i> : |
| | | State: Zip: | | |
| | | | | |
| Immediate S | upervisor: | Summarize work performed and job responsibilities: | | |
| | | | | |
| | | Starting salary: \$ | Ending Salary:\$ | |
| May we contemployer? | | December for less than | | |
| Simployer? | 00 L 140 L | Reason for leaving: | | |

REFERENCES

Please list three persons, other than relatives, who have knowledge of your character and/or abilities:

| NAME | MAILING ADDRESS | YEARS KNOWN | PHONE |
|--|--|---|---|
| | | | |
| | | | |
| | Applicant's Agreement a | and Certification | |
| documents, if any) i nformation or sigi | he information provided on this s true and complete to the best on nificant omissions may disqual nployment and may be considered | of my knowledge. I unde ify me and my applic | rstand that falsified ation from furthe |
| understand that Employment" will no | if I am employed by Maury Cot constitute a contract of employe | County Government thinnent; employment is at- | is "Application fo |
| | any offer of employment from Mau sing the County's post offer medic | | |
| understand that thi | s position is subject to mandatory | direct deposit for paym | ent of wages. |
| employment conside | aury County perform reference a eration with Maury County Govern by I may have in the information pro ntacted. | ment. I waive any right o | of privilege, privacy |
| : | | | |
| | Applicant Signature) | | Date) |

Maury County Government

Human Resource Department, One Courthouse Square, Columbia, TN 38401 Phone (931)375-2401

Supplemental Application for Commercial Driver's License (CDL) Positions

| Position Applying fo | r: | | | | | | |
|---------------------------|---------------------|---------------------------------|---------------------|----------------|----------------------------|--|--|
| Applicant Name: | | | Phone #: | | | | |
| Social Security #: | | | | | | | |
| Current Address: | | | | | ~ | | |
| City: | | | State: | | Zip: | | |
| If at the above resid | ence less than thre | e years, list belov | v all residences fo | or the nast th | ree vears | | |
| Street: | | | | | | | |
| City: | | State: | Zip: | | | | |
| Street: | | | | | | | |
| City: | | State: | Zip: | | | | |
| Street: | | | | | | | |
| City: | | State: | Zip: | | | | |
| Please list Driver's Li | | | Endorsement | | Expiration Date: | | |
| | | | | | | | |
| | | | | | | | |
| Driving Experience: | | | | | | | |
| Class of Equipment | | f Equipment efer, flat, etc) | Da From: | tes: To: | Approximate Total Miles | | |
| Straight Truck | | | | | | | |
| Tractor & Semi-trailer | | | | | | | |
| Tractor – Two trailers | | | | | | | |
| Other | | | | | | | |

| List states operate years | ed in during last 5 | | | | |
|---|---|---|--|---|--|
| driver | s or training that will | | | | |
| List safe driving av | vards you have receive | ed and who presen | ted the | | |
| Accident Record fo | or Past 3 Years (if more | e space needed, at | tach sheet) | | |
| Dates | | ure of Accident ear-end, Overturn, | etc.) | # of Fatalities | # of People Injured |
| | | | | | |
| | | | , | | |
| Traffic Convictions | and Forfeitures for th | e Last 3 Years othe | r than parking v | iolations | - |
| Loc | cation | Date | Charge | | Penalty |
| | | | | | |
| | | | | | |
| lisqualify me and dismissal if discove necessary for emploonfidentiality I manacknowledge that passing the County Maury County Go | he information provided he best of my know my application from the red at a later date. By ment consideration by have in the information any offer of employ so post offer physical vernment this "application" application in the information of the source of the information of the | further considerating agree to have Noted with Maury Count tion provided by resyment from Maury examination and dication for employed | tion (and accomend that falsifie on for employmenty County pay Government. ferences or other County Government and alcohologyment" will no | npany resume and information of the information of | nd documents, if any) is truing a significant omissions made considered justification for and background checks at of privilege, privacy, and/orndicated may be contacted oned upon undergoing and that if I am employed be contract of employment for payment of wages. |
| Арр | licant Signature | | | Date | |

Employment Record Continued

The U.S. department of Transportation requires that driver applications show all employment for the past three years. In addition, driver applicants must show all **commercial driver employment** for the seven years immediately preceding this three year period.

| From Mo/Yr | | nployer | | |
|--|------------|--|-------------|-------------|
| | To Mo/Yr | Employer | | |
| | | | | Phone # |
| lob Title | | | | |
| Job Title: | | Address: | City: | State: Zip: |
| | | , | | Zip. |
| Immediate Su | nervisor: | Summaria | | |
| miniculate 3u | pervisor. | Summarize work performed and job responsibilities: | | |
| | | | | |
| | - | Starting salary: \$ Endin | | |
| May we conta | ct this | Endin | g Salary:\$ | |
| employer? Ye | s No D | Reason for leaving: | | |
| | | Reason for leaving: | | |
| | | | | |
| | | | | |
| From Mo/Yr | To Mo/Yr | Employer | | |
| | | | | Phone # |
| | | | | |
| Job Title: | | Address: | City: | Chaba |
| | | | City. | State: Zip: |
| | | | | |
| Immediate Sur | ervisor: | Summarize work performed and job responsibilities: | | |
| | | , | | |
| | | | | |
| May we center | | Starting salary: \$ Ending | g Salary:\$ | |
| May we contact this employer? Yes □ No □ | | | | |
| employers ses — No — | | Reason for leaving: | | |
| , | | | | |
| | | | | |
| From Mo/Yr | To Mo/Yr | Employee | | |
| | 10 1010/11 | Employer | | Phone # |
| | | | | |
| Job Title: | | Address: | | |
| | | Add CSS. | City: | State: Zip: |
| | | | | |
| Immediate Sup | ervisor: | Summarize work performed and job responsibilities: | | 2 |
| | | portal med and job responsibilities. | | |
| | | | | |
| | | Starting salary: \$ Ending | Salary:\$ | |
| May we contac | t this | 21101116 | Juliul y. 5 | |
| employer? Yes | ☐ No ☐ | Reason for leaving: | | |
| | | | | |
| | | | | |
| | | | | |
| From Mo/Yr | To Mo/Yr | Employer | | Dh a H |
| | | | | Phone # |
| | | | | |
| Job Title: | | Address: | City: | State: Zip: |
| | | | | State. Zip. |
| | | | | |
| | | | | |
| Immediate Supe | ervisor: | Summarize work performed and job responsibilities: | | |
| | ervisor: | Summarize work performed and job responsibilities: | | |
| | ervisor: | | | • |
| Immediate Supe | | | Salary:\$ | |
| | this | | Salary:\$ | |

| From Mo/Yr | To Mo/Yr | Employer | | | Phone # |
|------------------------------|---------------------|------------------------------|-----------------------|-------|-------------|
| | | | | | |
| Job Title: | | Address: | | City: | State: Zip: |
| | | | | | |
| Immediate Su | pervisor: | Summarize work performed and | job responsibilities: | | |
| | | | | | |
| | | Starting salary: \$ | Ending Salary:\$ | | |
| May we conta employer? Ye | es No | Reason for leaving: | | | |
| | | | | | |
| From Mo/Yr | To Mo/Yr | Employer | | | Phone # |
| | | All | | City | State: Zip: |
| Job Title: | | Address: | | City: | State: Zip: |
| | | | | | |
| Immediate Su | pervisor: | Summarize work performed and | job responsibilities: | | |
| | | Starting salary: \$ | Ending Salary:\$ | | |
| May we conta employer? Ye | act this es No 🗆 | Reason for leaving: | | | |

Maury County Government One Courthouse Square, Columbia, TN 38401 Fax 931-375-2419

EMPLOYMENT VERIFICATION

Applicant's Release

I hereby authorize the company/employer/school named below to release to Maury County Government by mail, fax, or telephone, the information requested below. I further agree to release and hold harmless the company/employer/school named below and its directors, officers, employees and agents for any information provided.

| Applicant Signature | Social Security Number | Date |
|--|---|-----------------|
| | | •••••• |
| mployer/Driving School: | | |
| Address: | | |
| City,State,Zip: | Phone #: | |
| | nt with Maury County Government. Maury Count t's work history. The Applicant's Release (above) | |
| Dates of Employment/Enrollment: From | To: Full Time | Part time [|
| osition Held: | | |
| eason for leaving: Voluntary Lay-off T | erminated Graduated/Completed Course | |
| Terminated, why? | | |
| ligible for rehire? | uated | |
| no, why? | | |
| railer type: Vans Flats Bus Tank | Tractor/Trailer Straight Truck Other | Trailer Length: |
| rea of Operation: OTR Short Haul | Local | |
| ommodities Hauled: General Lumber S | teel Coils Equipment Refrigerated Other | Tarping Yes No |
| Vas applicant ever involved in any accidents in your emplo | yment? Yes No | |
| yes please explain: Date Chargeable Yes/No | Brief Description of Accident | |
| | , | |
| | | |
| | | |
| | | |
| dded Comments: | | |

Maury County Government One Courthouse Square, Columbia, TN 38401 Fax 931-375-2419

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to Maury County Government. I understand that information to be released by my previous employer is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation;

6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

| Applic | cant Printed Name | | | | |
|--------|--|-------------------------------|----------------------|------------------------------|-----------------|
| Applic | cant Signature | Social Security N | umber | Date | |
| | To F | Be Completed By Previous Empl | | | |
| | | ce completed by Frevious Empl | oyei | | |
| 1. | Has this person ever tested positive for cocompany? | | three years Yes | during their employr | nent with your |
| 2. | Has this person ever had a breath alcohol employment with your company? | | ater in the pa | ast three years during No | g their |
| 3. | Has this person ever refused a required te company? | | st three year Yes | rs during their emplo | yment with your |
| 4. | Has this person violated other DOT drug a | nd/or alcohol regulations? | Yes | No | |
| 5. | Have you received information from a pre regulations? | | violated DC Yes | OT drug and/or alcoho | ol . |
| | If Applicant tested positive, have they sati Substance Abuse Professional, pursuant to If Yes to any of the above questions, pleas | o 49 C.F.R. 382.605? | Yes | No | |
| | process following a rule violation. | | | | |
| | Verification completed by: | | | | |
| | termenton completed by | Printed Name | - | Signature | |
| | Title: | Ph | ione: | | |
| | | | | | |